U.S. Department of Labor Office of Labor-Management Standards Washington, OC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



140

1 800

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

- ODROS				
1. File Number U -	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004			
13119				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Mark Mark J Herrmann	Name Teamsters Union Local 695			
	Labor Organization File Number 007-112			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 786 Timber Ridge Dr	Street 1314 N Stoughton Rd			
City Oregon	Chh Madgison 506-835-7,65 Faith Teimhire			
State Wisconsin ZIP Code + 4 53575	State Wisconsin ZIP Code +4 53714-1293			
test of Business (Representative or all	market and the office that he will be still a state of the state of th			
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organiz 6. Name and address of Employer (including trade name, if any).	tion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.			
6. Name and address of Employer (including trade name, if any). Name	7.a. Nature of interest, Fransaction, or income.			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street				
City Jan Section 1997 (1997) And Colored Colored	Section 10 Control of the Control of			
State ZIP Code + 4 \(\sigma_{\text{Ept-3} \text{T-Ept-3} \text{T-Ept-3} \sigma_{\text{SM}} \)				
	ignature			
15. Signature and verification. The undersigned declares, under penalty submitted in this (enort including the information contained in any accomp	of Perjury and other applicable penalties of the law, that all of the information			
15. Signature and verification. The undersigned declares, under penalty	of Perjury and other applicable penalties of the law, that all of the information			
15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompundersigned's knowledge and belief, true, correct, and complete. (See the	of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.) Out			
15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompundersigned's knowledge and belief, true, correct, and complete. (See the	of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.) State (2007) 2007) 2007			

ame of Person Filing Mark Herrmann		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name	9. Business deals with: a. Labor Organization			
P.O. Box, Bldg., Room No., if any Street City	b. Truet c. Employer			
State State ZIP Code + 4		er chantigers of management and management and advantagement and declarate and an advantagement and a	**************************************	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Name	Breach and a second		1/2000000000000000000000000000000000000	
Trade Name, if any:		·	An experience only	
P.O. Box, Bldg., Room No., if any	**************************************		eged degré de Avenewegen	
Street I	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.			
City				
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	2/25/04	\$64.40	
Name Ron Strzelecki	Chop House (Meal) 2/25/04 \$64.40 Grand Geneva (Greens Fees) 7/9/04 \$131.20 Lake Arrowhead (Greens Fees) 9/14/04 \$41.50		\$131.20	
Trade Name, if any: Blue Cross of Wisconsin			Office and the Comment of the Commen	
P.O. Box, Bldg., Room No., if any Suite 100	The state of the s		and the second s	
Street 20855 Watertown Rd	Москолического		espesiales de la compensación de l	
City Waukesha	- Constanting to the graph of t		AND THE PROPERTY OF THE PROPER	
State Wisconsin ZIP Code + 4 53186	for him experiment Himmundalaborary or second or substitution of a sequence to the	on comments a constructivity of the construction of the construction of the construction of the construction of		
13.b. Is the Business an Employer or Consultant 2 ?	14.b. Amount of payment.	Transport	\$237	

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for the calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form-30.

Signature

<u>ug 12, 2005</u> Date

Tour atesy